

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 15058

Amended Confirmation Number:

Employer Information

Name: Network Health Inc.
Address: 1570 Midway Place
City: Menasha
State: WI
Zip Code: 54952

Plan Administrator Information

Name: Amy Jo Rislov
Address: 1570 Midway Place
City: Menasha
State: WI
Zip Code: 54952
Phone: 2624424958
Email: arislov@networkhealth.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Non-Qualified Deferred Compensation Plan	Number of Employees: 8
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Additional Information:

8 employees are currently eligible in the Chief and SVP level of the organization.



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 15058. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.